

General Information About Heights and Weights

Required Measurements for Infants and Children

Height/length and weight data must be collected on infants and children when they are being certified or recertified on the WIC Program. This information is necessary for assessment and certification on the WIC Program. Length and weight measurements are also required on infants at their mid-certification visit at 5-7 months of age. Lengths and weight for infants are recommended at 3 and 9 months of age for the purpose of assessing growth.

WIC.EXE

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MICROSOFT COLORADO WIC PROGRAM - CIPNE 05/31/2000
TRAIN UPDATE INFANT/CHILD HEALTH DATA 3:49:09 PM

PARTICIPANT ID: 310-0000067 NAME: BROWN CHARLIE
CATEGORY: C DOB: 02/15/1998 2 YRS 3 MOS 2 WKS
VISIT DATE: 05/31/2000 VISIT TYPE: C CERTIFICATION/RECERTIFICATION
WIC MOTHER: MOTHER ID:
ANTHRO DATE: 05/08/2000 ANTHRO AGE: 2 YRS 2 MOS 3 WKS

HEALTH DATA BREASTFEEDING DATA

BIRTH WEIGHT: 0 LBS 0 OZ
BIRTH LENGTH: 0 0/8 IN
HEMATOCRIT: 37.0 %
HEMOGLOBIN: 0.0 (GM/100ML)
BLOOD LEAD: 99 (UG/DL)
WEIGHT: 29 LBS 2 OZ
WEIGHT CHG: 29 LBS 2 OZ 02/15/98
LENGTH: 35 4/8 IN
CORP HEIGHT: 2 FT 11 4/8 IN
IMMUN STATUS: 2
CAG: 5 POC: 2 B/C6: 5
T F/V5: 5 A1: 1 C1: 0

CURRENTLY BREASTFEEDING:
FREQUENCY:
EVER BREASTFED:
DATE BREASTFEEDING BEGAN: / /
DATE BREASTFEEDING CEASED:
DURATION OF BREASTFEEDING: 0 WEEKS
REASON BREASTFEEDING CEASED:
FIRST FORMULA AT: 0 WEEKS
WGT/HGT: 46% HGT/AGE: 75% WGT/AGE: 57%

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Note that the "ANTHRO DATE" has been listed as "05/08/2000" even though this child is being seen on "05/31/2000." This is because the child's caregiver brought height and weight measurements to the WIC office that were obtained during a physician's visit on 5/08/2000.

Length and Weight Measurements for Infants

<u>Required</u>	Certification Visit Mid-certification Visit (5-7 months)*
<u>Recommended</u>	3 Months 9 Months

*A parent may refuse to allow length and weight measurements at the mid-certification visit for an infant. The mid-cert measurements, however, are very important for assessing the health of a growing infant. In the event a parent refuses to allow the measurements, staff should explain the importance of the mid-cert assessment to encourage the parents to give the necessary permission to obtain the measurements. WIC benefits may not be withheld because a parent refuses lengths and weights at a mid-certification visit.

Length/Height and Weight Measurements for Children

<u>Required</u>	Certification/Recertification Visits
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Measurements Brought to the Clinic

Parents may bring height/length and weight measurements from a physician's office or similar source. These measurements may be used for certification/recertification or the infant's mid-certification assessment visit. The measurements, however, may not be more than 60 days old. When using measurements that were not taken at the WIC visit it is important to know the date the measurements were taken. The date the measurements were actually taken needs to be considered when plotting height/length and weight data on growth grids. The date also must be entered on the WICPS105 Update Infant/Child Visit Data screen in the box labeled "ANTHRO DATE" in order for the ASPENS system to calculate the correct weight- and height-for-age percentiles. When a parent brings height/length and weight measurements from a physician's office it may still be desirable to obtain current measurements in the WIC clinic. This is especially true for infants and for measurements that are more than a few days old. While regulations allow measurements to be

60 days old, measurements that are more than a few days or weeks old may not give a good assessment of the current health of an infant or child.

Height/length and weight measurements brought into the WIC clinic must be from a reliable source. Measurements generally need to be performed by a health care professional using standard measuring procedures as outlined in this module. Measurements taken by parents on a home scale or with a tape measure are not acceptable. Measurements must also be accurately communicated with the WIC clinic. Verbal reports from parents may not be accurate. Many clinics require that the measurements be written on prescription pads or letterhead from the health care provider's office. Each local WIC agency has its own policy with respect to height/length and weight measurements taken outside of the WIC clinic. Ask your supervisor about your clinic's policy.

One challenge for all WIC clinics is explaining to parents why measurements taken in WIC clinics do not exactly match those taken in other places. There are a number of reasons why the measurements may not match. Scales and measuring devices for height and weight vary somewhat from place to place. Ideally all scales and devices are properly calibrated and maintained to give accurate values, but this is not always the case. Also, not all health care personnel choose to follow the same standard procedures for performing measurements. Ask the parent if the infant was weighed dressed or with a diaper. Was the child wearing their shoes or coat when measurements were performed? Finally, the weight of the human body does vary over the course of a day. A baby will weigh more before having a bowel movement or before emptying his/her bladder. A baby will weigh less just before they eat.

Variation in measurements from one location to the next is a good reason to encourage that measurements be made at your clinic whenever weights are required or needed. Comparisons of measurements are most accurate when they are performed on the same equipment, using the same standard procedure. WIC is very concerned about obtaining accurate length/height and weight measurements. It is the reason for this module. It is the reason clinic equipment needs to be carefully maintained and inspected. It is also the reason that

WIC staff members are periodically evaluated for their ability to obtain accurate measurements.

Required Measurements for Women

Weight measurements are required for women at each certification/recertification visit. Heights are required for adult women only at their initial certification visit since adults generally do not change height. Growing adolescent women, however, need to have their heights measured at each recertification visit.

Height and weight measurements must actually be taken on women. It is not acceptable for a woman to self-report her height and weight. When self-reporting height and weight information people often give inaccurate information even when they are trying to give truthful information.

As with infants and children, women may bring measurements from a health care provider as long as the measurements are not more than 60 days old **and** as long as the measurements were taken during the woman's current physiological status. For example, the weight of a pregnant woman must be taken during the time she is pregnant, the weight of a postpartum woman must be taken after the termination of her pregnancy.

It is **not recommended** that weights taken outside of the WIC clinic for pregnant and postpartum women be routinely accepted if they are not current. Weights can change fairly rapidly during pregnancy and the postpartum period. A pregnant woman may bring a weight measurement from her doctor that was taken 2 weeks ago before she experienced significant nausea and vomiting. That weight would have very little meaning today and it may mean that WIC staff would miss an important opportunity to help the woman with a significant nutritional problem.

Height and Weight Measurements for Women

<u>Required</u>	Certification/Recertification Visits (Heights are only required at the initial certification visit for adult women) Weight at each trimester for pregnant women
<u>Recommended</u>	Weight at all visits for pregnant women

Data Entry

ALL height and weight data collected at **ANY** WIC visit should be entered into the ASPENS system. This is true even of data collected at follow-up visits. This helps to give a more complete picture of a WIC participant's health status. This is especially important when files are transferred from one WIC agency to another.

Some ASPENS screens have minimal requirements for information that must be entered. For example, ASPEN

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COLOPADO WIC PROGRAM - CIPHE

UPDATE INFANT/CHILD HEALTH DATA

PARTICIPANT ID: 310-0000068 NAME: SILKENSEN MARY

CATEGORY: C DOB: 02/16/1997 3 YRS 3 MOS 2 WKS

VISIT DATE: 05/31/2000 VISIT TYPE: C CERTIFICATION/RECERTIFICATION

WIC MOTHER: MOTHER ID:

ANTHPO DATE: 05/31/2000

HEALTH DATA

BIRTH WEIGHT: 0 LBS 0 OZ

BIRTH LENGTH: 0 0/8 IN

HEMATOCRIT: 35.0 %

HEMOGLOBIN: 0.0 (GM/100ML)

BLOOD LEAD: 99 (UG/DL)

WEIGHT: 34 LBS 4 OZ

WEIGHT OZ: 34 LBS 4 OZ 02/16/97

LENGTH: 99 9/8 IN

DOB: HEIGHT: 9 FT 99 9/8 IN

IMMUN STATUS: 9

CAS: 4 EFOS: 2 B/C6: 7

T F/V5: 4 A1: 0 T1: 1

BREASTFEEDING DATA

CURRENTLY BREASTFEEDING:

FREQUENCY:

EVER BREASTFED:

DATE BREASTFEEDING BEGAN: / /

DATE BREASTFEEDING CEASED:

DURATION OF BREASTFEEDING: 0 WEEKS

REASON BREASTFEEDING CEASED:

FIRST FORMULA AT: 0 WEEKS

WST/HST: 0 HST/AGE: 0 WST/AGE: 0

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Notice that the length/height boxes are completely filled with 9s because the child's height was not known at this visit.

requires that a height/length measurement be entered on the WICPS105 screen whenever a weight is entered for the child. If for some reason there is no height/length available for the child, a code may be entered for an unknown value. The code for unknown values in ASPENS is a series of 9s. If a height is unknown a series of 9s (999) is entered to fill the entire box for height. It is important that the entire data field be filled with 9s or else ASPENS will think that the child is 9 or 99 inches tall!

Common measurement errors

As stated earlier it is very important that height/length and weight data be collected accurately in a standardized manner. Inaccurate measurements are of little value and can result in inaccurate assessments of an infant's or child's nutritional status. This can have serious health consequences for the infant or child. Some of the more common measurement errors that occur include:

For all measurements:

1. Inaccurate equipment
2. Wrong equipment
3. Restless or fearful child who makes measurements difficult
4. Reading equipment incorrectly
5. Recording information incorrectly

For length:

1. Incorrect instrument for age
2. Footwear or headgear not removed
3. Head not held straight above body
4. Head not firmly against fixed end of board
5. Child not straight along board
6. Body arched
7. Knees bent
8. Feet not parallel to movable board (toes not pointing toward ceiling)
9. Board not firmly against heels
10. Only one leg used for measurement

For height:

1. Incorrect instrument for age
2. Footwear or headgear not removed
3. Feet not straight or flat on floor
4. Feet not back against tape measure
5. Knees bent
6. Body arched or buttocks forward (body not straight)
7. Shoulders not straight or touching tape measure
8. Head not straight above body and eyes looking forward
9. Headboard not firmly on crown of head
10. Headboard does not form right angle with wall (for non-attached headboards)
11. Inappropriate headboard used (for non-attached headboards)

For weight:

1. Room cold, no privacy
2. Scale not adjusted to zero before weighing
3. Infant/child not weighed nude or in dry diaper (two years of age or younger)
4. Child or woman weighed with heavy clothing and/or shoes
5. Infant or child moving
6. Child or woman holding toys, bottle, or holding onto scale
7. Parent holding child to steady them on scale
8. Clothing or other objects placed under scale that affect its movement

When height, length, or weight values appear too “abnormal,” staff may want to consider re-measuring the woman or child. For example, if a child’s weight has changed dramatically since the last visit, the child has lost height or weight, or a pregnant woman has a very high increase in weight it may be wise to redo the measurements. Many things can happen that would cause measurements to be incorrect. Before worrying the participant or sending a false message to a physician it is better to recheck the measurement to be sure it is correct.

#6 Practice!



Answer T (True) or F (False) to each of the following statements.

1. ____ All measurements taken on participants in the WIC clinic should be entered into the ASPENS system including length/height or weight measurements that are taken after the certification visit.
2. ____ Infants should be weighed in light clothing with their shoes and coats removed.
3. ____ A pregnant woman may self-report her height when being certified on the WIC Program.
4. ____ It is recommended that pregnant women be weighed at each WIC visit.
5. How old may height and weight information be to be used to certify a participant on the WIC Program?
6. A breastfeeding woman comes into your clinic to be recertified. She was pregnant and this is her first visit as a breastfeeding woman. It is the middle of winter and she does not want to take her coat and boots off to be weighed. She brings a form from her physician that shows her weight one week before she delivered (which was two weeks ago). Can this weight from the physician be used to certify the woman? ____ Give a reason for your answer.

7. When entering height or weight measurements into ASPENS which were taken two weeks ago it is important to also enter the _____ date.

8. List two reasons why an infant's weight at the doctor's office two hours ago may be different than their weight right now in the WIC clinic:
 - a.
 - b.
9. An infant is weighed today at a WIC follow-up visit. Only a weight is performed. What number should be entered in ASPENS for the height of this infant today?
 - A. The same length as the last visit
 - B. The length from the certification visit
 - C. Use a growth grid and figure out what the weight should have been today if the infant followed the same growth channel
 - D. 999 inches